# OHIO

## MAIL-IN VOTER REGISTRATION APPLICATION

# Shaded Areas Not Required

	u can use this form to:	This space is for official use only.						
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	egister with a party ase print in blue or black ink							
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	Ms. I			ı				
2	Address (see instructions) — Street.(or route and box no		Apt., or Lot #	City/Town		State	Zip Code	
3	Address Where You Get Your Mail If Different From	n Above (see	e instructions)	City/Town	n	State	Zip Code	
4	Date of Birth / / Month Day Year 5 Telephone	e Number (d	optional)	6 ID Nu	ımber (se	e item 6 in the inst	ructions for your State)	
7	Choice of Party (see Item 7 in the instructions for your State)			8 Race or Ethnic Group (see item 8 in the instructions for your State)				
	I swear/affirm that: I am a United States citizen I meet the eligibility requirements of my subscribe to any oath required.	state and		Pleas	e sign 1	full name (or j	put mark) 🔻	
9	subscribe to any oath required.  (See item 9 in the instructions for your state before you sign.)  The information I have provided is true to the best of my knowledge under senature of periods.			X				
9	knowledge under penalty of perfuly. If I have provided			Date://				
	false information, I may be subject to a fine or imprison-				Month Day Year			
10	ment or both under Federal or State laws If the applicant is unable to sign, who helped the app		this application	? Give name	e, address		(phone number optional).	
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DD Form 2644, NOV 94

Complete all Items 1 through 10 that are **not** shaded. **Sign and date** the form.

**Item 2:** Provide your full street address; do not use a post office box or a rural route without a box number. If this is the first time you are registering from this address, print the address where you were registered before in Item B.

**Item 3:** Complete this item only if your mail address is different from Item 2.

**Item 6:** Your social security number is requested. Providing this number is voluntary. This information allows the Board of Elections to verify your registration if necessary (O.R.C. 3503.14).

**Item 7:** You do not have to register with a party if you want to take part in that party's primary election, caucus or convention. Party affiliation is established by voting at a primary election.

Item 8: Leave blank.

Item 9: To register in Ohio you must:

- be a citizen of the United States
- be a resident of Ohio
- be 18 years old on or before the day of the general election, you may vote in the primary election for candidates, but not on issues
- not be currently incarcerated on any felony conviction
- not be found incompetent by a court for purposes of voting.

In addition, if this form is used for:

**A. NAME CHANGE**: Complete Item A.

B. ADDRESS CHANGE: Complete Item B.

## C. VOTING RESIDENCE PHYSICAL DESCRIPTION:

Complete Item C if it is needed to clarify the physical location of voting residence (legal).

### A. WHAT TO DO

- (1) Provide the *Mail-In Voter Registration Application*, DD 2644 and *Voter Registration Information*, DD 2645, to prospective enlistee.
- (2) Assist eligible citizens in completing the *Mail-In Voter Registration Application*, DD 2644, unless the eligible citizen refuses assistance.
- (3) Send the completed *Mail-In Voter Registration Application*, DD 2644, to the address in the "Where To Send It" listed below.

#### B. WHEN TO SEND IT

A completed *Mail-In Voter Registration Application*, DD 2644, must be sent no later than 5 days after the day of acceptance. Refer to Appendix E for state registration deadlines.

### C. WHERE TO SEND IT

#### Mail To:

Secretary of State of Ohio Elections Division 180 E. Broad Street,15th Floor Columbus, OH 43215

### D. RECORDS REQUIRED

Recruiters must collect and maintain the following information in accordance with procedures established by respective recruiting commands.

Total number of "persons" that include the following:

- (a) Total persons assisted for recruiting services.
- (b) Total persons assisted for Voter Registration Applications.
- (c) Total Mail-In Voter Registration Application forms, DD 2644, completed.
- (d) Total *Voter Registration Information* forms, DD 2645, completed. This form must be retained for 24 months.

# E. QUESTIONS AND ASSISTANCE

In the event assistance from the next higher command is not available, the Federal Voting Assistance Program can be reached at 800 438-VOTE (8683) or e-mail at **nvra@fvap.ncr.gov**.